

DISCHARGE MONITORING REPORT FOURTH QUARTER 2014

PLATFORMS ELLEN, ELLY, AND EUREKA

NPDES Permit CAG280000



January 27, 2015

U.S. EPA, Region 9 ATTN: ENF4-1, NPDES/DMR 75 Hawthorne Street San Francisco, CA 94105

Re: Discharge Monitoring Report – Fourth Quarter 2014 Platforms Ellen, Elly, and Eureka

NPDES Permit CAG280000

Dear DMR Recipient:

This letter and its attachments include Discharge Monitoring Reports (DMRs) for the reporting period of October, November, and December 2014 for Beta Offshore Platforms Ellen, Elly and Eureka.

All produced fluids from Platform Eureka are piped to Platform Elly for processing. Platforms Elly and Ellen are two separate platforms attached by a bridge, thus they have the same latitude and longitude listed in their DMRs. We have submitted separate DMRs for each of the three platforms since there are separate NPDES discharges associated with each platform. Oil production wells are located at Platforms Ellen and Eureka. Platform Elly serves as a processing facility and contains most of the production treatment processes. This is the only platform that may occasionally discharge produced water. There are no drilling related activities or wells on Platform Elly. Production fluids generated at Ellen and Eureka are sent to Elly for further processing and back to Ellen for injection.

Attachment 1: EPA DMR forms (3320-1) for Eureka, Elly and Ellen which were supplied by EPA on January 6, 2015.

Attachment 2: Listings of the chemical inventory for miscellaneous discharges (specifically non-contact cooling water) for each platform.

Attachment 3: Provides pre-dilution and post dilution chlorine results for non-contact cooling water discharges in accordance with Appendix C of the permit for each platform.

Attachment 4: Summarizes discharges that are prohibited.

Attachment 5: Includes copies of the official state certified lab reports and laboratory quality control reports and other permit required information (EPA Methods, sample dates, etc.) for each Platform.

Attachment 6: For Platform Ellen, chemical inventory for the drilling mud and Well treatment, completion fluids for Well A-23.

Attachment 7: For Platform Ellen, the metals analysis of the barite used during drilling activities on Well A-23.

Discharge Overview

Drilling Muds and Cuttings (001):

On Platform Ellen drilling activities took place with Well A-23 with a spud date of October 6, 2014 and the well was completed on November 16, 2014. As required in the permit, the results of the drilling monitoring activities are included within the DMR reporting period occurring at least 45 days after the completion of the well.

A drilling mud bioassay was taken during the 0-80% well footage. The results are in compliance and are included in the DMR. Chemical inventory is also included for the mud type used. (see Attachment 6). There were no drilling mud discharges. Drill cuttings discharges occurred in October during the 0-80% well footage. There were no discharges during the 80-100% well footage.

Drilling activities also took place during the month of December with Well A-33. There were no associated discharges and the results of the drilling monitoring activities will be included within the DMR reporting period occurring at least 45 days after the completion of the well.

Produced Water (002):

Produced water dilution – Platform Elly: On rare occasions when produced water is discharged, often times the discharge may only occur for a few hours or less. In calculating the dilution for each quarter, we use the average produced water daily rate based on the actual barrels of water per day "rate". As an example, if 100 barrels were discharged in one hour, the actual rate would extrapolate to a 2400 barrels of water per day (BWD) "rate", instead of only 100 BWD. This better represents the flow velocity used in the EPA Plume dilution calculation. A dilution of 1318:1 was calculated for the quarter.

There were two days of produced water discharge during the month of November and one day during the month of December. Weekly Oil & Grease results are included in the DMR as end of pipe values.

Although there were no discharges on December 15, 2014 we collected representative samples for the quarterly 3-species toxicity screening; including Red Abalone, Top Smelt and Giant Kelp chronic toxicity testing (refer to Attachment 5). The Red Abalone that the laboratory secured for the test failed to spawn. Therefore, there are no chronic Red Abalone test results. During the next DMR period, or as soon as the abalone begin spawning again, two samples will be taken.

Well Treatment Completion and Workover Fluids (003):

WTCWF generated from Platform Ellen or Eureka would be commingled with the produced water at Platform Elly/Ellen. There was one well treatment, completion and workover fluid type job performed during this quarter at Platform Ellen. There was no discharge of fluids. A chemical inventory is available on request.

Deck Drains (004):

Platform Ellen's deck drains are commingled with production and sent to Platform Elly. Platform Elly's deck drain volumes are commingled with production at Elly and injected with produced water at Ellen (refer to produced water monitoring requirements in the DMR if discharged). Deck drains on Platform Eureka are sent to a disposal well on Eureka and not discharged.

4th Quarter 2014 DMR January 27, 2015 Page 3 of 4

Sanitary and Domestic Waste (005):

Platforms Ellen and Eureka both operate a United States Coast Guard approved Marine Sanitation Device (MSD). Although these devices are capable of treating both sanitary and domestic waste, some of the domestic waste (as laundry water) is not discharged. At Platform Ellen, these domestic volumes are commingled with production and sent to Platform Elly/Ellen for injection with produced water. The sanitary waste commingles with sinks and shower water and is properly treated and chlorinated through the MSD discharged at Platform Ellen.

Platform Eureka also has sanitary and domestic waste water discharges (refer to the DMR). Domestic waste water (as laundry water) is sent to a disposal well and not discharged at Eureka. Sanitary wastes are treated through a USCG-approved MSD and discharged at Eureka. There are no sanitary/domestic waste discharges at Platform Elly.

Fire water (008):

Fire water at Platforms Ellen and Elly are commingled with deck drains and injected with produced water at Platform Ellen. The fire water and deck drain volumes at Platform Eureka are sent to a disposal well and are not discharged. The fire water was reported as not being chlorinated at all three platforms.

Non-contact Cooling Water (009) - Combined with Excess Sea Water:

Non-contact cooling water (as sea water) may be discharged at all three platforms. Separate discharges occur through separate outfalls for each of the three platforms. Seawater pumps deliver water throughout the platforms for use as non-contact cooling water, marine sanitation device feed water and for sanitary usage supply. Any excess seawater not used for these sources has been previously reported under uncontaminated water in the DMRs under a separate discharge (016). When the non-contact cooling water is discharged it can be combined with the excess seawater discharges at Eureka and Ellen. Since the platforms add low dosages of chlorine treatment to this part of the system, chlorine monitoring has been performed on the chlorinated discharges and if applicable, includes excess seawater in addition to the non-contact cooling water. Thus, the DMR reports the total water discharged for both sources (non-contact cooling water and excess seawater). Both volumes and chlorine results for the combined discharges are listed in the DMR under non-contact cooling water for Eureka and Ellen. Elly has only non-contact cooling water. Any separate uncontaminated discharges that occur, will continue to be reported independently under discharge (016) in the DMR.

The chemical inventory for non-contact cooling water (Attachment 2) was based on Operations' daily estimates using a Hach color wheel chlorine test kit.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. See 18 U.S.C & 1001 and 33 U.S.C. & 1319. (Penalties under these statutes may include fines up to \$10,000 and or maximum imprisonment of between 6 months and 5 years)

4th Quarter 2014 DMR January 27, 2015 Page 4 of 4

Should you have any questions or require any additional information, please contact me at (562) 628-1526.

Sincerely,

Marina Robertson HSE Manager

cc (via email):

Regional Supervisor Bureau of Safety and Environmental Enforcement (BSEE) 760 Paseo Camarillo Camarillo, CA 93010 Ms. Alison Dettmer Energy and Ocean Resources Unit California Coastal Commission 45 Fremont, Suite 2000 San Francisco, CA 94105-2219

Regional Supervisor Office of Environment Bureau of Ocean Energy Management (BOEM) 760 Paseo Camarillo, Camarillo, Ca 93010 Attn: Chief, Environmental Analysis Section



Platform Ellen Attachment 1

EPA DMR PERMIT NO. CAG280000

ONITORING REPORT (DMR)

Formapproved 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147 001A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/01/2014 10/31/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge

		QUAI	NTITY OR LOADII	NG	C	QUALITY OR CON	ICENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oil based fluids, non-aqueous based drilling fluids and cuttings	SAMPLE MEASUREMENT	NODI (C)	*****	NODI (C)	*****	*****	****	*****			
51707 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. VALUE	*****	Y=1;N=0	*****	*****	****	*****		End Of Well	GRAB
Cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.5	mg/kg	0	Once per batch	Grab
78244 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	****	****	3 DAILY MX	mg/kg		Once per Batch	GRAB
Mercury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.05	mg/kg	0	Once per batch	Grab
78245 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	1 DAILY MX	mg/kg		Once per Batch	GRAB
Drilling fluids, free oil	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI (C)				
82589 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily when Discharging	GRAB
Drilling fluids, volume	SAMPLE MEASUREMENT	****	NODI (C)	bbl	*****	*****	****	*****		Daily	Estima
82594 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	*****	*****	****	*****		Daily	ESTIMA
Drilling fluids, volume	SAMPLE MEASUREMENT	*****	270	bbl	*****	****	****	*****	0	Annual	Calctd
82594 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	49950 YTD TOT	bbl	*****	*****	*****	*****		Annual	CALCTD
Drill cuttings, free oil	SAMPLE MEASUREMENT	*****	0	occur/mo	*****	****	0	d	0	Daily	Grab
82595 1 0 Effluent Gross Well A-23	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	****	*****	Req. Mon. MO TOTAL	d		Daily	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	M. Keberte	TELEP	HONE	DATE
onn Salon	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing	Marina Robertson, HSE Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(562) 62	28 1526	01 22 2015
TYPED OR PRINTED	violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Drilling fluid and cutting, free oil refers to free oil static sheen test.
- 2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
- 3. Drill fluid inventory refer to Attachment 6. Barite analysis refer to Attachment 7.
- 4. The total annual cumulative volume limit is a combined limit of drilling fluid volumes from both Platforms Ellen and Elly, as listed in the permit.
- 5. Well A-23 drilling activities began October 6 and completed on November 16, 2014.

ONITORING REPORT (DMR)

001A-A

Form Approved 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/01/2014 10/31/2014

CAF001147

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge

ATTN: Marina Robertson

		QUAI	NTITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****	320	bbl	*****	*****	*****	*****	0	Daily	Estima
82596 1 0 Effluent Gross Well A-23	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	*****	*****	*****	*****		Daily	ESTIMA
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****	320	bbl	*****	*****	****	*****	0	Annual	Calctd
82596 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	18150 YTD TOT	bbl	*****	*****	*****	*****		Annual	CALCTD
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	*****	> 10	*****	*****	%	0	Contingent	Grab
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	3 MINIMUM	*****	****	%		Contingent	GRAB
	SAMPLE MEASUREMENT	****	*****	*****		*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****		*****	****				
	SAMPLE MEASUREMENT	*****	*****	****		*****	*****				
	PERMIT REQUIREMENT	*****	*****	*****		*****	*****				

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and tevaluate the information submitted. Based on my inquiry of the person or persons who manage the	M. Kobert	TELEPHONE	DATE
Oilli Galon	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(562) 628 15	26 01 22 2015
TYPED OR PRINTED	violauons.	AUTHORIZED AGENT	AREA Code NUME	ER MM/DD/YYYY

- 1. Drilling fluid and cutting, free oil refers to free oil static sheen test.
- 2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
- 3. Drill fluid inventory refer to Attachment 6. Barite analysis refer to Attachment 7.
- 4. The total annual cumulative volume limit is a combined limit of drilling fluid volumes from both Platforms Ellen and Elly, as listed in the permit.
- 5. Well A-23 drilling activities began October 6 and completed on November 16, 2014.

DISCHAR

ONITORING REPORT (DMR)

Form oproved 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

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ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

CAF001147 PERMIT NUMBER

002A-A DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY 10/01/2014

MM/DD/YYYY 10/31/2014

1

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Produced Water Monthly

External Outfall

No Discharge A

ATTN: Marina Robertson

,		QUAN	ITITY OR LOADIN	G	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	*****	*****	*****	*****						
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Weekly	GRAB
Produced water, flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
82600 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	****	****	*****		Daily	ESTIMA

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Executive Vice President, Chief Operating Officer	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(562) 62	28 1526	01 22 2015
TYPED OR PRINTED	-iolauoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Elly-only platform capable of discharging PW. All produced water is sent to Elly for processing (refer to Plt Elly DMR)
- 2. PW annual cumulative flow from Mar 1st thru Feb 28th each year
- 3. If PW is discharged, 12 mo of monitoring is required for RP analysis,

ONITORING REPORT (DMR)

Form oproved 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240 LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147 003A-A PERMIT NUMBER DISCHARGE NUMBER **MONITORING PERIOD** MM/DD/YYYY MM/DD/YYYY 10/01/2014 10/31/2014

DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW)

Well Treatment, Completion and Workover Fluid

External Outfall

No Discharge A

		QUAI	NTITY OR LOADIN	NG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Well fluids, oil & grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
04379 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	29 MO AVG	42 DAILY MX	mg/L		Once per Occurance	GRAB
Number of Events	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
51484 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. TOTAL	#	*****	*****	*****	*****		Once per Occurance	CALCTD
Well fluids, free oil	SAMPLE MEASUREMENT	*****			*****	*****	****	*****			
82603 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	*****	*****		Once per Discharge	GRAB
Well fluids, volume	SAMPLE MEASUREMENT				*****	*****	*****	*****			
82604 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MO TOTAL	bbl	*****	*****	*****	*****		Once per Occurance	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and yevaluate the information submitted. Based on my inquiry of the person or persons who manage the	M.	Herte	TELEP	HONE	DATE
Jim Guion Executive Vice President, Chief Operating Officer		SIGNATURE OF PRING	CIPAL EXECUTIVE OFFICER OR	(562) 62	28 1526	01 22 2015
TYPED OR PRINTED		AUTH	ORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

4. When present, all WTCWF are commingled with production and sent to Platform Elly (refer to Plt Elly DMR).

- 1. Type and # of Job: Completion, workover, treatment or combination.
- 2. Free Oil Static Sheen Test.
- 3. Chemical Inventory, refer to Attachment referenced when applicable

ONITORING REPORT (DMR)

Form oproved 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

CAF001147 PERMIT NUMBER

004A-A DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY 10/01/2014

MM/DD/YYYY 10/31/2014

DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW)

Deck Drainage External Outfall

No Discharge A

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	1			FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate, deck drainage	SAMPLE MEASUREMENT		****		*****	*****	*****	*****			
51666 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	M. Charles	TELEPH	IONE	DATE
Executive Vice President, Chief Operating Officer	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(562) 62	8 1526	01 22 2015
TYPED OR PRINTED	Annauoris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Free Oil Sheen # days observed
- 2. Deck Drainage is commingled with Produced Water and treated at Platform Elly (refer to Plt Elly DMR)

DISCHAR **JONITORING REPORT (DMR)** Forp oproved 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147 005A-A PERMIT NUMBER DISCHARGE NUMBER **MONITORING PERIOD** MM/DD/YYYY MM/DD/YYYY 10/01/2014 10/31/2014

DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW)

Domestic and Sanitary Waste

External Outfall

No Discharge

		AUD	NTITY OR LOADIN	IG	(QUALITY OR CON	CENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	
Flow rate, domestic	SAMPLE MEASUREMENT	NODI (A)	*****		*****	*****	*****	*****			
51667 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Sanitary waste, residual chlorine	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI (9)	NODI (9)				
82605 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	SAMPLE MEASUREMENT	76	*****	bbl/d	*****	*****	*****	*****	0	Monthly	Estima
82606 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Sanitary waste, solids	SAMPLE MEASUREMENT	*****	0	# dis/d	*****	*****	*****	*****	0	Daily	Visual
82607 RW 0 Receiving Water	PERMIT REQUIREMENT	****	Req. Mon. MO AVG	# dis/d	*****	*****	*****	*****		Daily	VISUAL
Domestic waste, foam and floating solids	SAMPLE MEASUREMENT	*****	NODI (A)		*****	*****	*****	*****			
82608 RW 0 Receiving Water	PERMIT REQUIREMENT	****	Req. Mon. MO TOTAL	#/mo	*****	*****	*****	*****		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and yevaluate the information submitted. Based on my inquiry of the person or persons who manage the	\mathcal{M} .	Chat	>	TELEP	HONE	DATE
Jim Guion		SIGNATURE OF PRINC	IPAL EXECUTIVE OF	FFICER OR	(562) 62	28 1526	01 22 2015
TYPED OR PRINTED		AUTHO	ORIZED AGENT	Ī	AREA Code	NUMBER	MM/DD/YYYY

- 1. Domestic Waste is commingled with produced water at Platform Elly.
- 2. The sewage treatment unit is a marine sanitation device that complies with pollution control standards and regulations under Section 312 of the Clean Water Act. Thus, it is deemed to be in compliance with permit limitations for sanitary waste chlorine discharges

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) DISCHAR IONITORING REPORT (DMR)

For ^pproved
ON . 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Blowout Preventer Fluid

External Outfall

No Discharge C

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION	,	NO.	FREQUENCY	SAMPLE TYPE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage that	M. O. Shirts	TELEPH	HONE	DATE
Jim Guion		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(562) 62	8 1526	01 22 2015
TYPED OR PRINTED	-rotauns.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHAR

ONITORING REPORT (DMR)

Form oproved . 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147 007A-A PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/01/2014 10/31/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Desalination Unit Discharge

External Outfall

No Discharge C

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	sk sk sk sk sk	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted, Based on my inquiry of the person or persons who manage the	M.	(Sur		TELEP	HONE	DATE
Jim Guion		SIGNATURE OF PR	RINCIPAL EXEC		(562) 62	28 1526	01 22 2015
TYPED OR PRINTED	, volutions.	AL	JTHORIZED AGE	ENT	AREA Code	NUMBER	MM/DD/YYYY

011

DISCHAR ONITORING REPORT (DMR)

Form oproved 2040-0004 NO.

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

ATTN: Marina Robertson

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

CAF001147 008A-A DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/01/2014 10/31/2014

DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW)

001

Fire Control System Water

External Outfall

No Discharge A

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION	11	NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	****	*****	*****	*****	*****	NODI (A)				
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	M.	0	is		TELEP	HONE	DATE
Jim Guion	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete, I am aware that there are significant-	Marina Robertson, H				(562) 63	28 1526	01 22 2015
Executive Vice President, Chief Operating Officer	penalties for submitting false information, including the possibility of fine and imprisonment for knowing	SIGNATURE OF PRI				(002) 02	20 1020	01 22 2010
TYPED OR PRINTED		AUI	THORIZE	DAGEN	1	AREA Code	NUMBER	MM/DD/YYYY

- 1. Chemical Inventory, refer to Attachment 2
- 2. Fire Control System Water is commingled with Produced Water at Platform Elly.
- 3. Fire Control System Water is not chlorinated or chemically treated.

ONITORING REPORT (DMR)

Formapproved 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

CAF001147 009A-A PERMIT NUMBER DISCHARGE NUMBER **MONITORING PERIOD** MM/DD/YYYY MM/DD/YYYY 10/01/2014 10/31/2014

DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW)

Non-Contact Cooling Water

External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	IG	G	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI (B)	NODI (B)	mg/L	0	Quarterly	Grab
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	*****	.000583 MO AVG	.0104 DAILY MX	mg/L		Quarterly	GRAB
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	0	d	0	Daily	Visual
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT	36,000	****	bbl/d	****	*****	*****	*****	0	Monthly	Estima
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	M. 1	Hut	TELEP	HONE	DATE
		Marina Robertson, HSE	Manager	(562) 6	28 1526	01 22 2015
Executive Vice President, Chief Operating Officer	penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.		CIPAL EXECUTIVE OFFICER OR	(302) 02	20 1320	01 22 2013
TYPED OR PRINTED		AUTHO	DRIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Chemical Inventory, refer to Attachment 2.
- 2. Uncontaminated Water, such as excess seawater, is commingled with non-contact cooling water
- 3. Chlorine values are reported post-dilution per EPA Plumes UM, if applicable.

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES) ONITORING REPORT (DMR) DISCHAR

Form oproved 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802 ATTN: Marina Robertson

CAF001147 010A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/31/2014 10/01/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW) Ballast and Storage Displacement Water

External Outfall

No Discharge C

		QUAN	TITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					`
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			# (4-1), 40 P 3
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	****	****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	M. K. bul	TELEP	HONE	DATE
Executive Vice President, Chief Operating Officer	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant-penalties for submitting false information, including the possibility of fine and imprisonment for knowing	Marina Robertson, HSE Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(562) 62	28 1526	01 22 2015
TYPED OR PRINTED	violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

NATIONAL POLLUTANT DISCHAR ARGE ELIMINATION SYSTEM (NPDES) DISCHAR ONITORING REPORT (DMR)

Form 1 oproved
ON . 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW) Bilge Water External Outfall

No Discharge C

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	lG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	3.00	Daily	VISUAL
Flow	SAMPLE MEASUREMENT		****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the	M.	(Son		TELEP	HONE	DATE
Jim Guion		Marina Robertson, H	ISE Manager	•	(562) 63	28 1526	01 22 2015
Executive Vice President, Chief Operating Officer	penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRI			(302) 02	20 1320	01 22 2010
TYPED OR PRINTED		AU	THORIZED AG	ENI	AREA Code	NUMBER	MM/DD/YYYY

001

DISCHAR

ONITORING REPORT (DMR)

Form * oproved ON 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: E

BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240 LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

CAF001147
PERMIT NUMBER
DISCH

012A-A **DISCHARGE NUMBER**

 MONITORING PERIOD

 MM/DD/YYYYY
 MM/

 10/01/2014
 10/

MM/DD/YYYY 10/31/2014 DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW)

Boiler Blowdown External Outfall

No Discharge C

ATTN: Marina Robertson

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	****	****	*****	*****	****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		10	pur &		TELEP	HONE	DATE
Executive Vice President, Chief Operating Officer	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PR	RINCIPAL	EXECU		(562) 62	28 1526	01 22 2015
TYPED OR PRINTED	yiulaturis.	AL	JTHORIZI	ED AGEN	П	AREA Code	NUMBER	MM/DD/YYYY

IONITORING REPORT (DMR)

Form oproved 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802 FACILITY: PLATFORM ELLEN

ATTN: Marina Robertson

Effluent Gross

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

CAF001147 013A-A DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 10/01/2014 10/31/2014

DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW) Test Fluids External Outfall

No Discharge C

		QUAN	TITY OR LOADIN	NG	G	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0	PERMIT	Req. Mon.	*****	bbl/d	*****	*****	*****	*****	353	Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	100.	K	Sh		TELEP	HONE	DATE
oiiii Gaioii	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing	Marina Robertson, HS			/E OFFICER OR	(562) 62	28 1526	01 22 2015
TYPED OR PRINTED	violations.		HORIZED			AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

REQUIREMENT

MO AVG

1. Chemical Inventory, refer to Attachment 2.

ONITORING REPORT (DMR)

10/31/2014

Form Approved 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

CAF001147 014A-A PERMIT NUMBER DISCHARGE NUMBER **MONITORING PERIOD** MM/DD/YYYY MM/DD/YYYY

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Diatomaceous Earth Filter Media

External Outfall

No Discharge C

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	****	****	*****	****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

10/01/2014

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	11.	TELEP	HONE	DATE
Executive Vice President, Chief Operating Officer	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(562) 62	28 1526	01 22 2015
TYPED OR PRINTED	printatione.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHAR

ONITORING REPORT (DMR)

Form Approved 2040-0004

90802

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147 015A-A PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY

MM/DD/YYYY 10/01/2014

DISCHARGE NUMBER

10/31/2014

Bulk Transfer Material Overflow External Outfall

DMR Mailing ZIP CODE:

MINOR

(SUBR FW)

No Discharge

									NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	d	0	Daily	Visual
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	****	*****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	M. Chel	TELEPH	HONE	DATE
Jim Guion	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penal	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(562) 62	8 1526	01 22 2015
TYPED OR PRINTED	yiolauons.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHAR

ONITORING REPORT (DMR)

Form Approved 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

CAF001147 PERMIT NUMBER

016A-A DISCHARGE NUMBER

MM/DD/YYYY 10/01/2014

MONITORING PERIOD MM/DD/YYYY 10/31/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Uncontaminated Water

External Outfall

No Discharge A

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					×
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and tevaluate the information submitted. Based on my inquiry of the person or persons who manage the	M. Chest	TELEP	HONE	DATE
lim Guion	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant	Marina Robertson, HSE Manager	(562) 6	28 1526	01 22 2015
Executive Vice President, Chief Operating Officer	penalties for submitting false information, including the possibility of fine and imprisonment for knowing	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(002) 0.		0
TYPED OR PRINTED	violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Uncontaminated Water, such as excess seawater, is commingled with non-contact cooling water

DISCHAR

ONITORING REPORT (DMR)

Form Approved 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

CAF001147 PERMIT NUMBER

017A-A DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY 10/01/2014

MM/DD/YYYY 10/31/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Water Flooding Discharges

External Outfall

No Discharge C

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	*****	*****	****				,	
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

ACCOMPANIES AND ACCOUNTS OF SECURIOR SE	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	m.1	6	51		TELEP	HONE	DATE
Jim Guion	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowling.	SIGNATURE OF PR	INCIPAL	EXECU		(562) 62	28 1526	01 22 2015
TYPED OR PRINTED	violations.	AU'	THORIZE	ED AGE	NT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment 2.

DISCHAR

ONITORING REPORT (DMR)

Form Approved 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

CAF001147 PERMIT NUMBER

018A-A DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY 10/01/2014

MM/DD/YYYY 10/31/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Laboratory Waste External Outfall

No Discharge A

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	UF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the	116. (2000	TELEP	HONE	DATE
	Jim Guion	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(562) 62	28 1526	01 22 2015
ŀ	TYPED OR PRINTED	violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Laboratory Waste commingled with Produced Water

DISCHAR

ONITORING REPORT (DMR)

Form Approved 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

ATTN: Marina Robertson

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

CAF001147 PERMIT NUMBER

019A-A DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY 10/01/2014

MM/DD/YYYY 10/31/2014

000

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Excess Cement Slurry

External Outfall

No Discharge C

		QUAN	ITITY OR LOADIN	IG	(QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	*****	*****	*****	*****				_	
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		****		*****	****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	****	*****	*****		Monthly	ESTIMA
Flow	SAMPLE MEASUREMENT	0	****	bbl/yr	*****	*****	****	*****		Annual	Calctd
74076 EG 0 Effluent Gross	PERMIT REQUIREMENT	1200 YTD TOT	*****	bbl/yr	*****	*****	*****	*****		Annual	CALCTD

56.000.000.000.000.000.000.000.000.000.0	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	M.	(4	be	nt		TELEP	HONE	DATE
Jim Guion	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowling.		PRINC	CIPAL	EXEC	UTIVE OFFICER OR	(562) 62	28 1526	01 22 2015
TYPED OR PRINTED	violations.	-	AUTH	ORIZE	ED AG	ENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Annual cumulative Volumes and Limits for the period covering Mar. 1 through Feb. 28th each year.
- 2. The total annual cumulative volume limit is a combined limit of excess cement slurry volumes from both Platforms Ellen and Elly

DISCHAR

ONITORING REPORT (DMR)

Form ^pproved ON 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

BETA OFFSHORE PLATFORM ELLEN - CAG280000

Receiving Water

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

ATTN: Marina Robertson

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

CAF001147 PERMIT NUMBER

020A-A DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY 10/01/2014

MM/DD/YYYY 10/31/2014

DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW)

Muds, Cuttings and Cement at Sea Floor

External Outfall

MO TOTAL

00 1

No Discharge C

QUANTITY OR LOADING QUALITY OR CONCENTRATION FREQUENCY NO. SAMPLE **PARAMETER** OF ANALYSIS EX **TYPE** VALUE VALUE UNITS VALUE **VALUE** VALUE UNITS SAMPLE ***** ***** ***** ***** ***** Free Oil Visual Sheen MEASUREMENT ***** 51689 RW 0 PERMIT ***** ***** ***** ***** Reg. Mon. d VISUAL Daily REQUIREMENT Receiving Water MO TOTAL SAMPLE ***** ***** ***** ***** ***** Floating solids or visible foam-MEASUREMENT visual/days ***** 51705 RW 0 PERMIT ***** ***** ***** ***** Req. Mon. d Daily **VISUAL** REQUIREMENT

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and yevaluate the information submitted. Based on my inquiry of the person or persons who manage the	M. Chil	TELEPI	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(562) 62	28 1526	01 22 2015
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHAR

ONITORING REPORT (DMR)

Form Approved . 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802 FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147 021A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD

MM/DD/YYYY 10/01/2014

MM/DD/YYYY 10/31/2014

DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW) Hydrotest Water

External Outfall

No Discharge C

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	*****	*****	****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submittled. Based on my inquiry of the person or persons who manage that	\mathcal{M} .	1	wh		TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant-penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRIN	ICIPAL EX	XECUT		(562) 62	28 1526	01 22 2015
TYPED OR PRINTED		AUIF	HORIZED	AGEN	T	AREA Code	NUMBER	MM/DD/YYYY

- 1. Chemical Inventory, refer to Attachment 2.
- 2. Submit RP analysis per permit requirement after sampling is completed.

DISCHAR

ONITORING REPORT (DMR)

Form oproved 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147 PERMIT NUMBER

022A-A DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY 10/01/2014

MM/DD/YYYY 10/31/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW) H2S Gas Processing Waste Water

External Outfall

No Discharge C

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	****	*****	*****	*****				11	
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	*****	****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the	M. Chest	TELEP	HONE	DATE
Executive Vice President, Chief Operating Officer	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(562) 62	28 1526	01 22 2015
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHAR

ONITORING REPORT (DMR)

Form Approved 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147 001A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 11/01/2014 11/30/2014

DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge C

		QUA	NTITY OR LOADIN	NG	(QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oil based fluids, non-aqueous based drilling fluids and cuttings	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
51707 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. VALUE	*****	Y=1;N=0	*****	*****	*****	*****		End Of Well	GRAB
Cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	*****	****	*****	*****	****	< 0.5	mg/kg		Once per Batch	Grab
78244 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3 DAILY MX	mg/kg		Once per Batch	GRAB
Mercury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	< 0.05	mg/kg		Once per Batch	Grab
78245 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	****	1 DAILY MX	mg/kg		Once per Batch	GRAB
Drilling fluids, free oil	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	NODI (C)				
82589 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily when Discharging	GRAB
Drilling fluids, volume	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
82594 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	*****	*****	*****	*****		Daily	ESTIMA
Drilling fluids, volume	SAMPLE MEASUREMENT	****	270	bbl	*****	*****	*****	*****	0	Annual	Calctd
82594 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	49950 YTD TOT	bbl	*****	*****	*****	*****		Annual	CALCTD
Drill cuttings, free oil	SAMPLE MEASUREMENT	****	N		*****	****	Annual survival recovered to the survival of t				
82595 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	Req. Mon. MO TOTAL	d		Daily	GRAB

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	M. Chut	TELEP	HONE	DATE
Jim Guion Executive Vice President, Chief Operating Officer	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(562) 62	28 1526	01 22 2015
TYPED OR PRINTED	- routions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- Drilling fluid and cutting, free oil refers to free oil static sheen test.
 Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
 The total annual cumulative volume from Ellen and Elly, as listed in the permit.
- 3. Drill fluid inventory refer to Attachment 6. Barite analysis refer to Attachment 7.
- 4. The total annual cumulative volume limit is a combined limit of drilling fluid volumes from both Platforms
- 5, Well A-23 drilling activities began October 6 and completed on November 16, 2014. No discharges in Nov.

DISCHAR

ONITORING REPORT (DMR)

Form approved 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147 001A-A DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD

MM/DD/YYYY MM/DD/YYYY 11/01/2014 11/30/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge C

		QUAI	NTITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****		bbl	*****	*****	*****	*****			
82596 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. DAILY MX	bbl	****	*****	*****	*****		Daily	ESTIMA
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****	320	bbl	*****	*****	*****	*****	0	Annual	Calctd
82596 EG 0 Effluent Gross	PERMIT REQUIREMENT	****	18150 YTD TOT	bbl	*****	*****	*****	*****		Annual	CALCTD
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	%			
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	3 MINIMUM	****	*****	%		Contingent	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	****	*****	*****		*****	*****	%			
TAB3E EG 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	3 MINIMUM	****	*****	%		Contingent	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****	%			
TAB3E O 0 See Comments	PERMIT REQUIREMENT	****	*****	*****	3 MINIMUM	*****	****	%		Contingent	GRAB

and the second s	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	0 M.	Chert	TELEP	HONE	DATE
Jim Guion	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant	Marina Robertson, HSI	E Manager	(562) 628 1526		01 22 2015
Executive Vice President, Chief Operating Officer	nalties for submitting false information, including the possibility of fine and imprisonment for knowing	SIGNATURE OF PRINC	CIPAL EXECUTIVE OFFICER OR	(302) 0	01 22 2010	
TYPED OR PRINTED	TOTALIO118.	AUTH	ORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- 1. Drilling fluid and cutting, free oil refers to free oil static sheen test.
- 2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
- 3. Drill fluid inventory refer to Attachment 4. Barite analysis refer to Attachment5.
- 4. The total annual cumulative volume limit is a combined limit of drilling fluid volumes from both Platforms Ellen and Elly, as listed in the permit.

0

5, Well A-23 drilling activities began on October6 and completed on October 16, 2014. No discharges in Nov.

DISCHAR

ONITORING REPORT (DMR)

Form approved 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

CAF001147 PERMIT NUMBER

002A-A DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY 11/01/2014

MM/DD/YYYY 11/30/2014

 \bigcap 1

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Produced Water Monthly

External Outfall

No Discharge A

ATTN: Marina Robertson

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	****	****	*****	*****						
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Weekly	GRAB
Produced water, flow	SAMPLE MEASUREMENT		*****		****	*****	*****	*****			
82600 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Daily	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	The Copie	TELEP	HONE	DATE
Jim Guion	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant	Marina Robertson, HSE Manager	(562) 63	28 1526	01 22 2015
Executive Vice President, Chief Operating Officer	penalties for submitting false information, including the possibility of fine and imprisonment for knowing SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR		(302) 020 1320		01 22 2013
TYPED OR PRINTED	yiulauuis.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Elly-only platform capable of discharging PW All produced water is sent to Elly for processing (refer to Plt Elly DMR).
- 2. PW annual cumulative flow from Mar 1st thru Feb 28th each year
- 3. If PW is discharged, 12 mo of monitoring is required for RP analysis,

DISCHAR

ONITORING REPORT (DMR)

Form proved 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

BETA OFFSHORE PLATFORM ELLEN - CAG280000 ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

CAF001147 003A-A PERMIT NUMBER MONITORING PERIOD

DISCHARGE NUMBER

MM/DD/YYYY MM/DD/YYYY 11/01/2014 11/30/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW) Well Treatment, Completion and Workover Fluic

External Outfall

No Discharge

ATTN: Marina Robertson

		QUANTITY OR LOADING		C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Well fluids, oil & grease	SAMPLE MEASUREMENT	****	*****	*****	*****	NODI (A)					
04379 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Once per Occurance	GRAB
Number of Events Completion Job	SAMPLE MEASUREMENT	****	1	#	****	*****	*****	*****	0	Once per Occurrence	Calctd
51484 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. TOTAL	#	*****	*****	*****	*****		Once per Occurance	CALCTD
Well fluids, free oil	SAMPLE MEASUREMENT	*****	NODI (A)		*****	*****	*****	*****			
82603 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	*****	*****		Once per Discharge	GRAB
Well fluids, volume	SAMPLE MEASUREMENT	NODE (A)			*****	*****	*****	*****			
82604 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MO TOTAL	bbl	*****	*****	*****	*****		Once per Occurance	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage that	M. Kut	TELEP	HONE	DATE
Jim Guion	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(562) 62	28 1526	01 22 2015
TYPED OR PRINTED	violauolis.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Type and # of Job: Completion, workover, treatment or combination.

4. When present, all WTCWF are commingled with production and sent to Platform Elly (refer to Plt Elly DMR).

- 2. Free Oil Static Sheen Test.
- 3. A completion job was performed on November 12. A Chemical Inventory is included in Attachment 6.

DISCHAR

ONITORING REPORT (DMR)

Form oproved NO 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

CAF001147 PERMIT NUMBER

004A-A DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY 11/01/2014

MM/DD/YYYY 11/30/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Deck Drainage External Outfall

No Discharge A

ATTN: Marina Robertson

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate, deck drainage	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
51666 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	111.	TELEP	HONE	DATE
lim Guion	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant	Marina Robertson, HSE Manager	(562) 628 1526		01 22 2015
Executive Vice President, Chief Operating Officer	penalties for submitting false information, including the possibility of fine and imprisonment for knowing SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR		R (002) 020 1020		
TYPED OR PRINTED	yiolaudis.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Free Oil Sheen # days observed
- 2. Deck Drainage is commingled with Produced Water and treated at Platform Elly (refer to Plt Elly DMR).

DISCHAR

11/01/2014

ONITORING REPORT (DMR)

11/30/2014

Form 1 oproved ON 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

CAF001147 005A-A
PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY MM/DD/YYYY

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Domestic and Sanitary Waste

External Outfall

No Discharge

ATTN: Marina Robertson

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate, domestic	SAMPLE MEASUREMENT	NODI (A)	*****		*****	*****	*****	*****			
51667 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Sanitary waste, residual chlorine	SAMPLE MEASUREMENT	*****	*****	*****	****	NODI (9)	NODI (9)				
82605 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	SAMPLE MEASUREMENT	75	*****	bbl/d	*****	*****	*****	*****	0	Monthly	Estima
82606 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Sanitary waste, solids	SAMPLE MEASUREMENT	*****	0	# dis/d	****	*****	*****	*****	0	Daily	Visual
82607 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	Req. Mon. MO AVG	# dis/d	*****	*****	*****	*****		Daily	VISUAL
Domestic waste, foam and floating solids	SAMPLE MEASUREMENT	****	NODI (A)		****	*****	*****	*****			
82608 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	#/mo	*****	*****	*****	*****		Daily	VISUAL

	SOCIAL CONTROL	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	\mathcal{M} .	الم	Sub		TELEP	HONE	DATE
	Jim Guion	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PR	a Robertson, HSE Manager NATURE OF PRINCIPAL EXECUTIVE OFFICER O AUTHORIZED AGENT				28 1526	01 22 2015
Ì	TYPED OR PRINTED	yiolauons.	AU	THORIZ	ZED AGE	ENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Domestic Waste is commingled with produced water at Platform Elly.
- 2. The sewage treatment unit is a marine sanitation device that complies with pollution control standards and regulations under Section 312 of the Clean Water Act. Thus, it is deemed to be in compliance with permit limitations for sanitary waste chlorine discharges

DISCHAR

ONITORING REPORT (DMR)

Form oproved 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

CAF001147 PERMIT NUMBER

006A-A DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY 11/01/2014

MM/DD/YYYY 11/30/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Blowout Preventer Fluid

External Outfall

No Discharge C

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	****	*****	****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the		TELEP	HONE	DATE
Jim Guion Executive Vice President, Chief Operating Officer	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(562) 62	28 1526	01 22 2015
TYPED OR PRINTED	yiulauuis.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Page 1

DISCHAR

ONITORING REPORT (DMR)

Form Approved 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

CAF001147 PERMIT NUMBER

007A-A DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY 11/01/2014

MM/DD/YYYY 11/30/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Desalination Unit Discharge

External Outfall

No Discharge C

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

				1					
NAME/	TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evapluate the information submitted. Based on my inquiry of the person or persons who manage the	\mathcal{M} .	Vik	was		TELEP	HONE	DATE
		system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant	Marina Robertson, HSE				(562) 62	28 1526	01 22 2015
Executiv	ve Vice President, Chief Operating Officer	penalties for submitting false information, including the possibility of fine and imprisonment for knowing	SIGNATURE OF PRINC	CIPAL EX IORIZED <i>E</i>		OFFICER OR			
	TYPED OR PRINTED		AUTHO	IURIZED F	AGENT		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

Page 1

DISCHAR

ONITORING REPORT (DMR)

Form oproved 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

CAF001147 PERMIT NUMBER

A-A800 DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY

11/01/2014

MM/DD/YYYY

11/30/2014

On A

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Fire Control System Water

External Outfall

No Discharge A

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	IG	С	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL

		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the		M	<u> </u>	Cut	Le	il			TELEP	HONE	DATE
. 1	Jim Guion	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant	Marina Rob								(562) 63	28 1526	01 22 2015
	Executive Vice President, Chief Operating Officer	penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATU	RE O					E OFFICER	ROR	(002) 02		01 22 2010
Ī	TYPED OR PRINTED	***************************************			AUII	HORIZE	D AG	JEN I			AREA Code	NUMBER	MM/DD/YYYY

- 1. Chemical Inventory, refer to Attachment 2
- 2. Fire Control System Water is commingled with Produced Water at Platform Elly.

DISCHAR

ONITORING REPORT (DMR)

Form approved 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

CAF001147 PERMIT NUMBER

009A-A DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY 11/01/2014

MM/DD/YYYY 11/30/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Non-Contact Cooling Water

External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI (9)	NODI (9)				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	.000583 MO AVG	.0104 DAILY MX	mg/L		Quarterly	GRAB
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	****	*****	*****	*****	****	0	d	0	Daily	Visual
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT	36,000	*****	bbl/d	*****	*****	*****	*****	0	Monthly	Estima
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	ale ale ale ale ale	****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECU	JTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	n	1	16	V	Sel	-	TEL	EPH	IONE	DATE	
Jim Guion		system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significan	Marina Roberts	on, HS	SE Mai	nag	er	 	(562)	62	8 1526	01 22 20	115
Executive Vice President, Chief C	perating Officer	penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE (FICER OR	(302)		0 1020	012220	/10
TYPED OR PRINT	D			AUI	HURIZI	ED /	AGENT		AREA Cod	2	NUMBER	MM/DD/YY	YY]

4. NODI(9): Quarterly/not required this month

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment 2.

Uncontaminated Water, such as excess seawater, is commingled with non-contact cooling water
 Chlorine values are reported post-dilution per EPA Plumes UM, if applicable.

EPA Form 3320-1 (Rev.01/06) Previous editions may be used.

DISCHAR

ONITORING REPORT (DMR)

Form oproved 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

CAF001147 PERMIT NUMBER

010A-A DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY 11/01/2014

MM/DD/YYYY 11/30/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Ballast and Storage Displacement Water

External Outfall

No Discharge C

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and		M.	16	K	SA		_	TEL	.EPH	IONE	DATE	7
Executive Vice President, Chief Operating Officer	to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing	Marina Robe					/E OF	FICER OR	(562)	62	8 1526	01 22 2015	5
TYPED OR PRINTED	violations.		AU	THORIZI	ED AC	SENT			AREA Cod	e	NUMBER	MM/DD/YYYY	1

DISCHAR

ONITORING REPORT (DMR)

Form ^pproved
ON 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240 LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 00 04 FO FONL O 446

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

CAF001147
PERMIT NUMBER

011A-A
DISCHARGE NUMBER

MM/DD/YYYY 11/30/2014 DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Bilge Water External Outfall

No Discharge C

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****		1		,	
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		****		*****	*****	*****	*****		1	
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	****	*****		Monthly	ESTIMA

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	M. Vsiit	TELEPI	HONE	DATE
lim Guion	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant	Marina Robertson, HSE Manager	(562) 62	28 1526	01 22 2015
Executive Vice President, Chief Operating Officer	penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(002) 02	-0 1020	
TYPED OR PRINTED	Piolistone.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHAR

ONITORING REPORT (DMR)

Form Approved 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

CAF001147 PERMIT NUMBER

11/01/2014

012A-A DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY

MM/DD/YYYY 11/30/2014

Ont

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Boiler Blowdown External Outfall

No Discharge C

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

		·				
ſ		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	M. Kosst	TELEP	HONE	DATE
ſ	Jim Guion	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete, I am aware that there are significant-	Marina Robertson, HSE Manager	(562) 63	28 1526	01 22 2015
ı	Executive Vice President, Chief Operating Officer	penalties for submitting false information, including the possibility of fine and imprisonment for knowing	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(002) 02		0.22
Ĭ	TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHAR

ONITORING REPORT (DMR)

Form Approved 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

CAF001147 PERMIT NUMBER

11/01/2014

013A-A DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY

MM/DD/YYYY 11/30/2014

001-

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW) Test Fluids

External Outfall

No Discharge C

ATTN: Marina Robertson

		QUAN'	TITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	M. Chirles	TELEP	HONE	DATE
Jiiii Galon		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(562) 62	28 1526	01 22 2015
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment 2.

DISCHAR

ONITORING REPORT (DMR)

Form ^ proved
ON 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

CAF001147
PERMIT NUMBER

014A-A
DISCHARGE NUMBER

MM/DD/YYYY 11/30/2014 DMR Mailing ZIP CODE:

90802

ZIP CODE.

MINOR (SUBR FW)

Diatomaceous Earth Filter Media

External Outfall

No Discharge C

ATTN: Marina Robertson

		QUAN	TITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	*****	*****	*****					-
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	· C. K	TELEPI	HONE	DATE
Jim Guion	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing	Marina Robertson, HSE Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(562) 62	28 1526	01 22 2015
TYPED OR PRINTED	violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHAR

ONITORING REPORT (DMR)

Form Approved 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

CAF001147 015A-A PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY

11/01/2014

MM/DD/YYYY 11/30/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Bulk Transfer Material Overflow

External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	QUANTITY OR LOADING			UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	****	*****	0	d	0	Daily	Visual
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and yevaluate the information submitted. Based on my inquiry of the person or persons who manage the	. ((()	art	TELEP	HONE	DATE
	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant-	Marina Robertson, HSE Mar	nager	(562) 63	29 1526	01 22 2015
Executive Vice President, Chief Operating Officer	penalties for submitting false information, including the possibility of fine and imprisonment for knowing	SIGNATURE OF PRINCIPAL		(302) 02	20 1320	01 22 2015
TYPED OR PRINTED	, outside.	AUTHORIZE	D AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHAR

ONITORING REPORT (DMR)

Form Approved 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

CAF001147 016A-A PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY 11/01/2014

MM/DD/YYYY 11/30/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Uncontaminated Water

External Outfall

No Discharge A

ATTN: Marina Robertson

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				v	,
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and vevaluate the information submitted. Based on my inquiry of the person or persons who manage the	M.	to	TELEP	HONE	DATE
Jim Guion		Marina Robertson, HS	SÈ Manager	(562) 6	28 1526	01 22 2015
	penalties for submitting false information, including the possibility of fine and imprisonment for knowing	SIGNATURE OF PRIN	ICIPAL EXECUTIVE OFFICER OR	(302) 0	20 1020	01 22 2010
TYPED OR PRINTED	*	AUII	HORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Uncontaminated Water, such as excess seawater, is commingled with non-contact cooling water

DISCHAR

ONITORING REPORT (DMR)

Form Approved 2040-0004 ON

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

CAF001147 PERMIT NUMBER

017A-A DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY 11/01/2014

MM/DD/YYYY 11/30/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Water Flooding Discharges

External Outfall

No Discharge C

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	IG	С	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	M. Colot	TELEP	HONE	DATE
lim Guion	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant	Marina Robertson, HSE Manager	(562) 63	28 1526	01 22 2015
Executive Vice President, Chief Operating Officer	penalties for submitting false information, including the possibility of fine and imprisonment for knowing	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	(002) 01		0, 22 20 10
TYPED OR PRINTED	- routions.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment 2.

DISCHAR

ONITORING REPORT (DMR)

Form Approved

N 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240 LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

CAF001147
PERMIT NUMBER

018A-A
DISCHARGE NUMBER

MONITORING PERIOD

MM/DD/YYYY MM/

11/01/2014 11/

MM/DD/YYYY 11/30/2014 DMR Mailing ZIP CODE:

90802

......

(SUBR FW)

MINOR

Laboratory Waste External Outfall

No Discharge A

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	****	*****	*****	****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	*****	*****	****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

53 4500 47 45 45 45 45 45 45 45 45 45 45 45 45 45	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and tevaluate the information submitted. Based on my inquiry of the person or persons who manage the	, vc. 10 per	TELEP	HONE	DATE .
lim Guion	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant	Marina Robertson, HSE Manager	(562) 62	28 1526	01 22 2015
Executive Vice President, Chief Operating Officer	penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(002) 02		
TYPED OR PRINTED	youauona.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Laboratory Waste commingled with Produced Water

DISCHAR

ONITORING REPORT (DMR)

Form Approved 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

CAF001147 019A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD

MM/DD/YYYY 11/01/2014

MM/DD/YYYY 11/30/2014

DMR Mailing ZIP CODE:

90802

MINOR

001

(SUBR FW)

Excess Cement Slurry

External Outfall

No Discharge C

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	IG	(QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	****	*****	*****	****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	*****	*****	*****				,	
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Flow	SAMPLE MEASUREMENT	0	****	bbl/yr	*****	*****	*****	*****		Annual	Calctd
74076 EG 0 Effluent Gross	PERMIT REQUIREMENT	1200 YTD TOT	*****	bbl/yr	*****	*****	*****	*****		Annual	CALCTD

Security Security and Assessment Development of the Security Secur	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	M. Chert	TELEP	HONE	DATE
Jim Guion		Marina Robertson, HSE Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(562) 62	28 1526	01 22 2015
TYPED OR PRINTED	violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Annual cumulative Volumes and Limits for the period covering Mar. 1 through Feb. 28th each year.
- 2. The total annual cumulative volume limit is a combined limit of excess cement slurry volumes from both Platforms Ellen and Elly

DISCHAR

ONITORING REPORT (DMR)

Form approved 2040-0004 NO

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

CAF001147 020A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD

MM/DD/YYYY 11/01/2014

MM/DD/YYYY 11/30/2014

On

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Muds, Cuttings and Cement at Sea Floor

External Outfall

No Discharge C

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	M. Chist	TELEPHO	NE
Jim Guion	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant-	Marina Robertson, HSE Manager	(562) 628	1526
Executive Vice President, Chief Operating Officer	penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(302) 020	1020
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code NI	IUMBER

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DATE

01 22 2015

MM/DD/YYYY

DISCHAR

ONITORING REPORT (DMR)

Form ^ oproved
ON 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

CAF001147
PERMIT NUMBER

021A-A
DISCHARGE NUMBER

 MONITORING PERIOD

 MM/DD/YYYY
 MM/

 11/01/2014
 11/

MM/DD/YYYY 11/30/2014

·OOL

DMR Mailing ZIP CODE:

90802

ig Zir COD

(SUBR FW)

MINOR

Hydrotest Water External Outfall

No Discharge C

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	IG	0	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Free Oil Visual Sheen	SAMPLE MEASUREMENT	****	*****	*****	*****	****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

100-100-100 - 10	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the	\mathcal{M} .	fort	TELEP	HONE	DATE
Jim Guion	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant	Marina Robertson, HS	E Manager	(562) 63	28 1526	01 22 2015
Executive Vice President, Chief Operating Officer	penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRIN	CIPAL EXECUTIVE OFFICER OR	(302) 02	20 1320	01 22 2010
TYPED OR PRINTED	youauns.	AUTH	IORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Chemical Inventory, refer to Attachment 2.
- 2. Submit RP analysis per permit requirement after sampling is completed.

DISCHAR JONITORING REPORT (DMR)

proved . 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

022A-A CAF001147 DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 11/30/2014 11/01/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

H2S Gas Processing Waste Water

External Outfall

No Discharge C

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	****	*****		Monthly	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	1.0100	TELEP	HONE	DATE
Jim Guion	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant	Marina Robertson, HSE Manager	(562) 62	28 1526	01 22 2015
Executive Vice President, Chief Operating Officer	penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT			
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHAR

ONITORING REPORT (DMR)

Form ^ pproved
ON 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	001A-A	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014	

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge C

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Dil based fluids, non-aqueous based Irilling fluids and cuttings	SAMPLE MEASUREMENT		*****		****	*****	*****	*****			
51707 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. VALUE	*****	Y=1;N=0	*****	*****	*****	*****		End Of Well	GRAB
cadmium [Cd], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	****	*****					
8244 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	3 DAILY MX	mg/kg		Once per Batch	GRAB
Percury [Hg], in barite, dry weight	SAMPLE MEASUREMENT	*****	*****	*****	****	*****					
8245 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	****	1 DAILY MX	mg/kg		Once per Batch	GRAB
rilling fluids, free oil	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
32589 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	****	*****	Req. Mon. MO TOTAL	d		Daily when Discharging	GRAB
Drilling fluids, volume	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
32594 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. DAILY MX	bbl	****	*****	*****	*****		Daily	ESTIMA
Orilling fluids, volume	SAMPLE MEASUREMENT	*****	270	bbl	*****	*****	*****	*****	0	Annual	Calctd
32594 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	49950 YTD TOT	bbl	*****	*****	*****	*****		Annual	CALCTI
Orill cuttings, free oil	SAMPLE MEASUREMENT	*****			*****	*****					
82595 1 0 Effluent Gross	PERMIT REQUIREMENT	****	Req. Mon. MO TOTAL	occur/mo	*****	*****	Req. Mon. MO TOTAL	d		Daily	GRAB
NAME/TITLE PRINCIPAL EXECUTIVE	OFFICER Certify under	penalty of law that this docu	ment and all attachments wer	e prepared under my dire	ection or her and	n. 126	ut	T	TEL	EPHONE	DATE

evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is,

to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

- 1. Drilling fluid and cutting, free oil refers to free oil static sheen test.
- 2. Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.

Executive Vice President, Chief Operating Officer penalties for submitting false information, including the possibility of fine and imprisonment for knowing

3. Drill fluid inventory refer to referenced Attachment, when applicable.

- 4. The total annual cumulative volume limit is a combined limit of drilling fluid volumes from both Platforms Ellen and Elly, as listed in the permit.
- 5, A-33 drilling activities began in December, however there were no associated discharges.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Marina Robertson, HSE Manager

NUMBER

(562) 628 1526

AREA Code

01 22 2015

MM/DD/YYYY

Jim Guion

TYPED OR PRINTED

DISCHAR

ONITORING REPORT (DMR)

Form oproved 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147 001A-A PERMIT NUMBER DISCHARGE NUMBER **MONITORING PERIOD** MM/DD/YYYY MM/DD/YYYY 12/01/2014 12/31/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Drilling Fluids and Cuttings

External Outfall

No Discharge C

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Drilling cuttings, volume	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
82596 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. DAILY MX	bbl	*****	*****	*****	*****		Daily	ESTIMA
Drilling cuttings, volume	SAMPLE MEASUREMENT	****	320	bbl	*****	*****	*****	*****	0	Annual	Calctd
82596 EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	18150 YTD TOT	bbl	*****	*****	*****	*****		Annual	CALCTD
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****			9	
TAB3E 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	3 MINIMUM	****	*****	%		Contingent	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	*****	*****		*****	*****				
TAB3E EG 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	3 MINIMUM	****	*****	%		Contingent	GRAB
LC50 Static 96Hr Acute Mysid. Bahia	SAMPLE MEASUREMENT	*****	****	*****		she she she she she	*****				
TAB3E O 0 See Comments	PERMIT REQUIREMENT	****	****	*****	3 MINIMUM	*****	*****	%		Contingent	GRAB

					1
	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	M. Coul	TELEP	HONE	DATE
Jim Guion	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant	Marina Robertson, HSE Manager	(562) 6	28 1526	01 22 2015
Executive Vice President, Chief Operating Officer	penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(302) 02	20 1320	01 22 2013
TYPED OR PRINTED	and and the second seco	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Drilling fluid and cutting, free oil refers to free oil static sheen test.
- Drilling fluids & Drill Cuttings annual cumulative volume from Mar 1st thru Feb 28th each year.
 Drill fluid inventory refer to referenced Attachment, when applicable.

- 4. The total annual cumulative volume limit is a combined limit of drilling fluid volumes from both Platforms Ellen and Elly, as listed in the permit.
- 5. A-33 drilling activities began in December, however there were no associated discharges.

ONITORING REPORT (DMR)

Form oproved 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

CAF001147 PERMIT NUMBER

002A-A DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY 12/01/2014

MM/DD/YYYY 12/31/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Produced Water Monthly

External Outfall

No Discharge A

ATTN: Marina Robertson

7		QUAN	ITITY OR LOADIN	IG	QUALITY OR CONCENTRATION				NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Oil and grease, hexane extr method	SAMPLE MEASUREMENT	*****	****	*****	*****		6				
00552 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Weekly	GRAB
Produced water, flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
82600 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Daily	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or	M	1/	1. 8		TELEP	HONE	DATE
	evaluate the information submitted. Based on my inquiry of the person or persons who manage the	1. (. 1	0					
oiiii Galoii	to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant	Marina Robertson,				(562) 62	28 1526 l	01 22 2015
Executive Vice President, Chief Operating Officer	penalties for submitting false information, including the possibility of fine and imprisonment for knowing				TIVE OFFICER OR	(00-)		
TYPED OR PRINTED	Pidadolio.	A	UTHORI	ZED AGE	N I	AREA Code	NUMBER	MM/DD/YYYY

- 1. Elly-only platform capable of discharging PW. All produced water is sent to Elly for processing (refer to Plt Elly DMR) 2. PW annual cumulative flow from Mar 1st thru Feb 28th each year
- 3. If PW is discharged, 12 mo of monitoring is required for RP analysis,

ONITORING REPORT (DMR)

Formaproved 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

LONG BEACH, CA 90802

PACIFIC OCEAN, CA 90802

CAF001147 PERMIT NUMBER

003A-A DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY 12/01/2014

MM/DD/YYYY 12/31/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Well Treatment, Completion and Workover Fluid

External Outfall

No Discharge A

ATTN: Marina Robertson

		QUAI	NTITY OR LOADIN	lG	C	QUALITY OR CON	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Well fluids, oil & grease	SAMPLE MEASUREMENT	*****	*****	*****	*****						
04379 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	29 MO AVG	42 DAILY MX	mg/L		Once per Occurance	GRAB
Number of Events	SAMPLE MEASUREMENT	*****			*****	*****	*****	*****			
51484 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. TOTAL	#	*****	*****	*****	*****		Once per Occurance	CALCTD
Well fluids, free oil	SAMPLE MEASUREMENT	*****	_		*****	*****	*****	*****			
82603 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	occur/mo	*****	*****	*****	*****		Once per Discharge	GRAB
Well fluids, volume	SAMPLE MEASUREMENT				****	*****	*****	*****			
82604 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	Req. Mon. MO TOTAL	bbl	*****	*****	*****	*****		Once per Occurance	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	11.10	TELEPHONE	DATE
Jim Guion	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowling.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(562) 628 1526	01 22 2015
TYPED OR PRINTED	violations.	AUTHORIZED AGENT	AREA Code NUMBER	MM/DD/YYYY

- 1. Type and # of Job: Completion, workover, treatment or combination.
- 2. Free Oil Static Sheen Test.
- 3. Chemical Inventory, refer to Attachment referenced when applicable

DISCHAR

ONITORING REPORT (DMR)

Form Approved 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

CAF001147 PERMIT NUMBER

004A-A DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY 12/01/2014

MM/DD/YYYY 12/31/2014

a. Ond

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Deck Drainage External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	OF ANALYSIS	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX		TYPE
Flow rate, deck drainage	SAMPLE MEASUREMENT	NODI (A)	****		*****	*****	*****	*****		Monthly	Estima
51666 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	****	*****	*****	*****	4.				
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	100	TELEPH	IONE	DATE
Jim Guion	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(562) 628	8 1526	01 22 2015
TYPED OR PRINTED	yiolauris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Free Oil Sheen # days observed
- 2. Deck Drainage is commingled with Produced Water and treated at Platform Elly (refer to Plt Elly DMR).

ONITORING REPORT (DMR)

Form approved 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

005A-A CAF001147 PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 12/01/2014 12/31/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Domestic and Sanitary Waste

External Outfall

No Discharge

		QUAI	NTITY OR LOADIN	G	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Flow rate, domestic	SAMPLE MEASUREMENT	NODI (A)	*****		*****	*****	*****	*****		-	
51667 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	****	****	*****	*****		Monthly	ESTIMA
Sanitary waste, residual chlorine	SAMPLE MEASUREMENT	*****	****	*****	*****	NODI (9)	NODI (9)				
82605 1 0 Effluent Gross	PERMIT REQUIREMENT	****	*****	*****	*****	1 MINIMUM	10 MAXIMUM	mg/L		Monthly	GRAB
Sanitary waste, flow	SAMPLE MEASUREMENT	75	*****	bbl/d	*****	*****	****	*****	0	Monthly	Estima
82606 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Sanitary waste, solids	SAMPLE MEASUREMENT	*****	0	# dis/d	*****	*****	****	*****	0	Daily	Visual
82607 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	Req. Mon. MO AVG	# dis/d	*****	*****	*****	*****		Daily	VISUAL
Domestic waste, foam and floating solids	SAMPLE MEASUREMENT	*****	NODI (A)		*****	*****	****	*****			5
82608 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	Req. Mon. MO TOTAL	#/mo	*****	*****	*****	*****		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and	M. 1	Her	TELEP	HONE	DATE
oiiii Odioii	to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant- penalties for submitting false information, including the possibility of fine and imprisonment for knowing	SIGNATURE OF	PRINCIPAL EXECUTIVE OFFICER OR	(562) 62	28 1526	01 22 2015
TYPED OR PRINTED	violations.	·	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- not

- 1. Domestic Waste is commingled with produced water at Platform Elly.
- 2. The sewage treatment unit is a marine sanitation device that complies with pollution control standards and regulations under Section 312 of the Clean Water Act. Thus, it is deemed to be in compliance with permit limitations for sanitary waste chlorine discharges

DISCHAR

ONITORING REPORT (DMR)

Form Approved 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

CAF001147 PERMIT NUMBER

006A-A DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY 12/01/2014

MM/DD/YYYY 12/31/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Blowout Preventer Fluid

External Outfall

No Discharge C

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	lG	C	UALITY OR CON	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX		TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	****	****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	M. Kobert	TELEP	HONE	DATE
	Jim Guion	system, or those persons directly responsible for gathering the information, the information submitted is,	Marina Robertson, HSE Manager	(562) 6	28 1526	01 22 2015
- 1	Executive Vice President, Chief Operating Officer	penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(302) 02	20 1320	01 22 2010
İ	TYPED OR PRINTED	protection.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHAR

ONITORING REPORT (DMR)

007A-A

12/31/2014

Form Approved 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

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ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

CAF001147 PERMIT NUMBER DISCHARGE NUMBER

12/01/2014

MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY **DMR Mailing ZIP CODE:**

90802

MINOR

(SUBR FW)

Desalination Unit Discharge

External Outfall

No Discharge C

ATTN: Marina Robertson

		QUANTITY OR LOADING		QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	M. Volent	TELEP	HONE	DATE
Jim Guion Executive Vice President, Chief Operating Officer	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(562) 62	28 1526	01 22 2015
TYPED OR PRINTED	yiolauons.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHAR

ONITORING REPORT (DMR)

Form Approved

2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

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LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

CAF001147 PERMIT NUMBER

12/01/2014

008A-A DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY

MM/DD/YYYY 12/31/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Fire Control System Water

External Outfall

No Discharge A

ATTN: Marina Robertson

		QUAN	QUANTITY OR LOADING			UALITY OR CON	CENTRATION		NO.		SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	n
		Marina Robe
	penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURI
TYPED OR PRINTED		

TELEPHONE DATE ertson, HSE Manager (562) 628 1526 01 22 2015 RE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT** AREA Code NUMBER MM/DD/YYYY

- 1. Chemical Inventory, refer to Attachment 2
- 2. Fire Control System Water is commingled with Produced Water at Platform Elly.

DISCHAR

ONITORING REPORT (DMR)

Form Approved 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

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ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

CAF001147 PERMIT NUMBER

009A-A DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY 12/01/2014

MM/DD/YYYY 12/31/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Non-Contact Cooling Water

External Outfall

No Discharge

ATTN: Marina Robertson

		QUAN	NTITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	*****	NODI (9)	NODI (9)				
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	*****	*****	.000583 MO AVG	.0104 DAILY MX	mg/L		Quarterly	GRAB
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	d	0	Daily	Visual
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d	Ž Los	Daily	VISUAL
Flow	SAMPLE MEASUREMENT	36,000	*****	bbl/d	*****	*****	*****	*****	0	Monthly	Estima
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and tevaluate the information submitted. Based on my inquiry of the person or persons who manage the	M. Weile	TELEPH	HONE	DATE
Executive Vice President. Chief Operating Officer	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(562) 62	8 1526	01 22 2015
TYPED OR PRINTED	violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

4. NODI(9): Quarterly/not required this month.

- 1. Chemical Inventory, refer to Attachment 2.
- 2. Uncontaminated Water, such as excess seawater, is commingled with non-contact cooling water
- 3. Chlorine values are reported post-dilution per EPA Plumes UM, if applicable.

DISCHAR

ONITORING REPORT (DMR)

Form * oproved ON 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Ballast and Storage Displacement Water

External Outfall

No Discharge C

ATTN: Marina Robertson

		QUAN	TITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		****		****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	M. Certis	TELEP	HONE	DATE
oiiii Galoii	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(562) 62	28 1526	01 22 2015
TYPED OR PRINTED	violations.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHAR

CAF001147

ONITORING REPORT (DMR)

011A-A

- . 00 1

Form 1 oproved
ON . 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW)

Bilge Water External Outfall

No Discharge C

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	G	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel property gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	M. Cotest	TELEP	HONE	DATE
oiiii Galoii	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant	Marina Robertson, HSE Manager SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(562) 62	28 1526	01 22 2015
Executive Vice President, Chief Operating Officer	penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	AUTHORIZED AGENT	, ,		
TYPED OR PRINTED		AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHAR ONITORING REPORT (DMR)

Formaproved 2040-0004 ON

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

CAF001147 PERMIT NUMBER

012A-A DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY

12/01/2014

MM/DD/YYYY 12/31/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Boiler Blowdown

External Outfall

No Discharge C

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	IG	Q	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submittled. Based on my inquiry of the person or persons who manage that	
	Jim Guion	evaluate the mormation submitted. Based on my injury of the person of persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant-	
i	TYPED OR PRINTED		ı

Marina Robertson, HSE Manager

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT**

TELEPHONE DATE (562) 628 1526 01 22 2015

AREA Code NUMBER MM/DD/YYYY

DISCHAR ONITORING REPORT (DMR)

Forminproved ΟN 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

CAF001147 PERMIT NUMBER

013A-A DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY 12/01/2014

MM/DD/YYYY 12/31/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Test Fluids **External Outfall**

No Discharge C

ATTN: Marina Robertson

		QUAN	TITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	****	*****		Monthly	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	, ,	. (-	Ke	Ma			TELEI	PHONE	DATE
Jim Guion	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant	Marina Robe						(562) 6	28 1526	01 22 2015
Executive Vice President, Chief Operating Officer	penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE			IZED AG		OFFICER OR			
TYPED OR PRINTED			AU	IHOK	IZED AG	ENI		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment 2.

DISCHAR

ONITORING REPORT (DMR)

Form Approved 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

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FACILITY: PLATFORM ELLEN

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014A-A DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY 12/01/2014

MM/DD/YYYY 12/31/2014

DMR Mailing ZIP CODE:

90802

MINOR (SUBR FW)

Diatomaceous Earth Filter Media

External Outfall

No Discharge C

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	****	****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	M. Kost	TELEP	HONE	DATE
Jim Guion		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(562) 62	28 1526	01 22 2015
TYPED OR PRINTED	- Charles III	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

DISCHAR

ONITORING REPORT (DMR)

Form oproved

2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

CAF001147 PERMIT NUMBER

015A-A DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY 12/01/2014

MM/DD/YYYY 12/31/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Bulk Transfer Material Overflow

External Outfall

No Discharge

ATTN: Marina Robertson

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****	0	d	0	Daily	Visual
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

NAME THEE I KINGII AL EXCOUNTE OF TOLK	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	\mathcal{M}
Jim Guion	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, frue, accurate, and complete. I am aware that there are significant-	Marina Robertso
Executive Vice President, Chief Operating Officer	penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE O
TYPED OR PRINTED		

OF PRINCIPAL EXECUTIVE OFFICER OR **AUTHORIZED AGENT**

TELEPHONE DATE (562) 628 1526 01 22 2015 AREA Code NUMBER MM/DD/YYYY

DISCHAR

ONITORING REPORT (DMR)

Formoproved NO.

2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240 LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

CAF001147 PERMIT NUMBER

016A-A DISCHARGE NUMBER

MONITORING PERIOD MM/DD/YYYY 12/01/2014

MM/DD/YYYY 12/31/2014

On A

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Uncontaminated Water

External Outfall

No Discharge A

ATTN: Marina Robertson

		QUANTITY OR LOADING			C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	****		26		-	
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

		I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and veayulate the information submitted, Based on my inquiry of the person or persons who manage the	\mathcal{M} .	Chert	TELEP	HONE	DATE
- 1	Jim Guion	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant	Marina Robertson, I		(562) 63	28 1526	01 22 2015
1	Executive Vice President, Chief Operating Officer	penalties for submitting false information, including the possibility of fine and imprisonment for knowing		RINCIPAL EXECUTIVE OFFICER OR	(002) 02	-0 1020	01222010
Ì	TYPED OR PRINTED		AL	JTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Uncontaminated Water, such as excess seawater, is commingled with non-contact cooling water

DISCHAR

ONITORING REPORT (DMR)

Formoproved 2040-0004 NO

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147 017A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 12/31/2014 12/01/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Water Flooding Discharges

External Outfall

No Discharge C

		QUAN	ITITY OR LOADIN	IG	G	UALITY OR CON	CENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****				,	
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the	,,,,	106	est			TELEF	PHONE	DATE
Executive Vice President, Chief Operating Officer	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRI	INCIPAL E	EXECUT		FFICER OR	(562) 6	28 1526	01 22 2015
TYPED OR PRINTED	production.	AUT	THORIZED	AGEN	I		AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Chemical Inventory, refer to Attachment 2.

DISCHAR

ONITORING REPORT (DMR)

Formoproved

2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

CAF001147 018A-A PERMIT NUMBER DISCHARGE NUMBER

MONITORING PERIOD

12/01/2014

MM/DD/YYYY

MM/DD/YYYY 12/31/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Laboratory Waste External Outfall

No Discharge A

ATTN: Marina Robertson

		QUAN	ITITY OR LOADIN	IG	C	UALITY OR CON	CENTRATION		NO.	FREQUENCY	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and yevaluate the information submitted. Based on my inquiry of the person or persons who manage the	0.0.	TELEP	HONE	DATE
Jilli Galon	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(562) 62	28 1526	01 22 2015
TYPED OR PRINTED	Piolauona.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

1. Laboratory Waste commingled with Produced Water

DISCHAR

12/01/2014

ONITORING REPORT (DMR)

12/31/2014

00 1

Formaproved 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

CAF001147 019A-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Excess Cement Slurry

External Outfall

No Discharge C

ATTN: Marina Robertson

		QUAN	TITY OR LOADIN	IG	C	QUALITY OR CON	CENTRATION		NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	****	*****	*****	*****				~	
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	****	bbl/d	*****	*****	*****	*****		Monthly	ESTIMA
Flow	SAMPLE MEASUREMENT	0	*****	bbl/yr	*****	*****	****	*****		Annual	Calctd
74076 EG 0 Effluent Gross	PERMIT REQUIREMENT	1200 YTD TOT	*****	bbl/yr	*****	*****	*****	*****		Annual	CALCTD

1	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	M. Col						TELEP	DATE	
Jim Guion	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant-	Marina Robertson, HSE Manager						(562) 62	01 22 2015	
Executive Vice President, Chief Operating Officer	penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE	IGNATURE OF PRINCIPAL EXECUTIVE OFFICER C AUTHORIZED AGENT			<u> </u>		ļ		
TYPED OR PRINTED		AUTHORIZED AGENT				AREA Code	NUMBER	MM/DD/YYYY		

- 1. Annual cumulative Volumes and Limits for the period covering Mar. 1 through Feb. 28th each year.
- 2. The total annual cumulative volume limit is a combined limit of excess cement slurry volumes from both Platforms Ellen and Elly

DISCHAR

ONITORING REPORT (DMR)

Form proved ON 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME: BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147	020A-A	
PERMIT NUMBER	DISCHARGE NUMBER	
MONITORING PERIOD	MM/DD/YYYY	MM/DD/YYYY
12/01/2014	12/31/2014	

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)
Muds, Cuttings and Cement at Sea Floor

External Outfall

No Discharge C

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION					FREQUENCY	SAMPLE	
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE	
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	****						
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL	
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	****	*****	*****	*****	****						
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	stentententente	Req. Mon. MO TOTAL	d		Daily	VISUAL	

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and revaluate the information submitted. Based on my inquiry of the person or persons who manage the	0.0.	V	Sil		TELEP	HONE	DATE
Jim Guion	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing	SIGNATURE OF PR	RINCIPAL E	XECUT		(562) 62	28 1526	01 22 2015
TYPED OR PRINTED	yiulauurs.	AU	UTHORIZED	RIZED AGENT	Γ	AREA Code	NUMBER	MM/DD/YYYY

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHAR

ONITORING REPORT (DMR)

Formoroved 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

CAF001147 021A-A DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 12/01/2014 12/31/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

Hydrotest Water External Outfall

No Discharge C

ATTN: Marina Robertson

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Chlorine, total residual	SAMPLE MEASUREMENT	*****	*****	*****	****	*****				-	
50060 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	*****	****	*****	****	Req. Mon. DAILY MX	ug/L		Monthly	GRAB
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****			
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	*****	*****	*****	*****	A-SA-	Monthly	ESTIMA

	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the	M. Fort	TELEP	HONE	DATE
Jim Guion		SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(562) 62	28 1526	01 22 2015
TYPED OR PRINTED	Piolaudis.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY

- 1. Chemical Inventory, refer to Attachment 2.
- 2. Submit RP analysis per permit requirement after sampling is completed.

DISCHAR

ONITORING REPORT (DMR)

Forr proved 2040-0004

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if Different)

NAME:

BETA OFFSHORE PLATFORM ELLEN - CAG280000

ADDRESS: 111 West Ocean Blvd., Suite 1240

LONG BEACH, CA 90802

FACILITY: PLATFORM ELLEN

LOCATION: LAT 33 34 56.52N LO 118 07 41.6W

PACIFIC OCEAN, CA 90802

ATTN: Marina Robertson

CAF001147 022A-A DISCHARGE NUMBER PERMIT NUMBER MONITORING PERIOD MM/DD/YYYY MM/DD/YYYY 12/01/2014 12/31/2014

DMR Mailing ZIP CODE:

90802

MINOR

(SUBR FW)

H2S Gas Processing Waste Water

External Outfall

No Discharge C

		QUANTITY OR LOADING QUALITY OR CONCENTRATION						NO.	FREQUENCY		
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Free Oil Visual Sheen	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					i i
51689 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	*****	*****	****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Floating solids or visible foam- visual/days	SAMPLE MEASUREMENT	*****	*****	*****	*****	*****					
51705 RW 0 Receiving Water	PERMIT REQUIREMENT	*****	****	*****	*****	*****	Req. Mon. MO TOTAL	d		Daily	VISUAL
Flow	SAMPLE MEASUREMENT		*****		*****	*****	*****	*****		-	
74076 1 0 Effluent Gross	PERMIT REQUIREMENT	Req. Mon. MO AVG	*****	bbl/d	****	****	*****	*****		Monthly	ESTIMA

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER	I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and vevaluate the information submitted. Based on my inquiry of the person or persons who manage the	M. Kileste	TELEPI	HONE	DATE
Executive Vice President, Chief Operating Officer	system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant-penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR	(562) 62	8 1526	01 22 2015
TYPED OR PRINTED	yilidauris.	AUTHORIZED AGENT	AREA Code	NUMBER	MM/DD/YYYY '

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